

PATENT NUMBER

U.S. **UTILITY** Patent Application

O.I.P.E.		PATENT DATE
SCANNED <i>nc3</i>	Q.A. <i>[Signature]</i>	

APPLICATION NO. 09/755914	CONT/PRIOR	CLASS 065	SUBCLASS 397	ART UNIT 1731	EXAMINER Slaram Lopez
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APPLICANTS

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TITLE

Manufacturers of the following products are required to file a report with the Department of Health and Human Services, Office of the Assistant Secretary for Health, Division of Health Policy and Statistics, Washington, D.C. 20492:

PTO-2040
12/99[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED		
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.	
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) _____ (Date) _____ (Primary Examiner) _____ (Date) _____ (Legal Instruments Examiner) _____ (Date)			NOTICE OF ALLOWANCE MAILED		
				ISSUE FEE Amount Due _____ Date Paid _____		
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